



IDAHO EMS AND PREPAREDNESS BUREAU
APPLICATION FOR TESTING VOUCHER
For Volunteer personnel only

1. Please check all of your reasons for taking the First Responder, EMT, or Advanced EMT class:

- ☐ To start a career in Idaho
- ☐ To become a volunteer in Idaho
- ☐ To become a career firefighter in Idaho
- ☐ To become a volunteer firefighter in Idaho
- ☐ Required for allied health care field
- ☐ Other _____

2. List your course number _____

Course ending date _____

Course instructor _____

3. What level of voucher do you need? (*Choose one*)

- ☐ EMR
- ☐ EMT
- ☐ AEMT

4. Agency you will affiliate with _____

5. I will use this voucher by _____ (date)

6. Contact Information

Name _____

Phone Number _____

Email _____

Signature _____

RETURN TO THE IDAHO EMS BUREAU NO LATER THAN December 31, 2014

Contact Patti Thorn if you have questions-208-334-4000

Idaho EMS Bureau

P O Box 83720

Boise ID 83720-0036

Fax 208-334-4015

Email thornp@dhw.idaho.gov

Bureau Use:

Date Received	Approved	Voucher #